



SALT SOLUTION MINING WELL FACILITY ANNUAL REPORT YEAR 20_____

Return to: Kansas Department of Health and Environment
Bureau of Water - Geology Section
1000 S.W. Jackson Street, Ste. 420
Topeka, Kansas 66612-1367

Facility Name:	
Facility Address:	
County:	
Contact Person:	
Telephone No.:	

I. List any incident(s) of abnormal loss or leakage during the report year:

II. List the well number and the date construction of the well was completed during the report year*:

Well No.	Date Construction Completed	Well No.	Date Construction Completed

(Over)

- III. List the well number and the date well was plugged during the report year*:

Well No.	Date Plugged	Well No.	Date Plugged	Well No.	Date Plugged

- IV. List the well number and date of gamma logs or sonar surveys conducted during the report year*. Enclose any logs or surveys not previously submitted:

Well No.	Date of Gamma Log	Date of Sonar Survey	Well No.	Date of Gamma Log	Date of Sonar Survey

- V. List the well number and date of pressure mechanical integrity test conducted during the report year*:

Well No.	Date of Mechanical Integrity Test	Well No.	Date of Mechanical Integrity Test

Well No.	Date of Mechanical Integrity Test	Well No.	Date of Mechanical Integrity Test

VI. List well number and % of useful life remaining*:

Well No.	% Useful Life Remaining	Well No.	% Useful Life Remaining	Well No.	% Useful Life Remaining

VII. Describe installation, replacement and calibration of flow meters and pressure gauges and any problems encountered with these devices during the report year:

(Over)

VIII. Describe the cavity model theory used to calculate the % of useful life remaining:

IX. Discuss the results of the elevation survey conducted during the report year:

*Provide separate attachments if necessary.

Signature:

Title:

Date:
